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Address to University of Manitoba Faculty of Medicine Convocation

Thank you very much Dean Sandham for those kind remarks. I am truly humbled by the honour that you have seen fit to grant me today.

It is a particular pleasure to receive my honorary degree today at the same ceremony at which my cousin Norm Promislow's son Steven will receive his MD degree. I am so pleased that Norm and his family are here as well as my parents Ruth and Harry Rachlis and my sister Vivian. Unfortunately, my father in law is very ill and my wife Debby and children Linus and Leila are at his bedside in Baton Rouge Louisiana and unable to attend this ceremony. I also note with regret the untimely passings many years ago of my brother Fred and my uncle and aunt Henry and Helen Promislow. They are here in spirit as the rest of us celebrate this joint simcha.

Both sides of my family have had many illustrious teachers. My grandfather Leon Rachlis was an esteemed teacher for over thirty years at the Winnipeg

Jewish orphanage. One of my proudest awards, up until today, was a University of Toronto faculty educator award. I know that no one achieves their potential without excellent teachers. I want to sincerely thank some of the many fine teachers I have had in my life. I want to start with my father and mother who taught me the values of fairness and equity which have guided my life's work for a fairer, more efficient health care system. I want to thank the teachers I had at Hertzelia, Sir John Franklin, Robert H Smith, Queenston, Ramah, River Heights, Kelvin, the University of Manitoba, and McMaster University. It is always perilous to single people out because of the worthy ones inevitably omitted but I would be remiss if I didn't especially note a few of my teachers.

John Moriarty, the University of Manitoba mad Irish Literature Professor ensured I would look at medicine through a human lens. Dr. John Gemmell encouraged me to go into medicine and helped me get a summer job with Dr. Nona Cordova in Dr. Jack Wilt's wonderful medical microbiology department thereby stimulating a lifelong interest in infectious diseases.

Dr. Arnold Naimark was appointed dean of medicine in 1970 at the young age of 38, one year prior to my being admitted to the faculty. He modernized

a badly dated curriculum and made a direct connection with the new generation of medical students. As an active student politician at that time, we almost always felt he was on our side against the more conservative faculty members. Of course, he wasn't. He couldn't always be. But he always made us *feel* he was on our side! In retrospect, he was destined to become president.

I would like to thank my clinical professors, especially Drs. Bill and Paul Bowman, Dr. Allan Ronald, Dr. Ted Brownell, and Dr. John Wade who almost single-handedly turned me into an anesthesiologist.

One of Dr. Naimark's most prescient actions was to create the department of social and preventative medicine. Dr. David Fish, its first chair, nurtured the seed of interest in social and community medicine that my parents had created. Other members of the department such as Drs. Noralou and Leslie Roos, Angus Reid (yes, that Angus Reid!), and John Horne introduced me to epidemiology, sociology, and health economics. But I want to pay particular tribute to Professor emeritus Evelyn Shapiro who was a mentor and an inspiration for much of my future work. In 1973/74 I had the pleasure of completing an elective with Evelyn on home care. Nearly forty years later, I

can see that the research methods could have been more rigorous. But it was exciting to have the opportunity to conduct a research project that involved interviewing 70 older people in their homes. Angus Reid showed me how to use a modem and calculate the appropriate statistics. And, of course there were those old time punch cards which executed your programs. Anybody here remember lining up to use that old IBM 360 in the Computer Science building?

I also want to thank my post-graduate professors in the Department of Clinical Epidemiology and Biostatistics at McMaster University. I especially want to thank Dr. David Sackett who taught me my first formal epidemiology course in 1976, Dr. Steven Walter who led my thesis committee, Dr. Greg Stoddart who mentored me in health economics and Jonathan Lomas who mentored me in policy analysis. I also want to pay tribute to UBC health economist Dr. Robert Evans who has been a major influence on my work both directly and indirectly through his supervision of Greg Stoddart's graduate work.

Finally I want to thank the students I have had over the past 25 years for being my best teachers because they always remind me how much I don't know.

Now I would like to briefly address this year's graduating class. You are some of the most privileged people on this planet. You are fortunate to live in a peaceful and prosperous country. You will be able to "do good" while "making good". With very few exceptions you will not have worry about your patients' financial circumstances as you plan their care.

Before Tommy Douglas became Saskatchewan Premier in 1944, Canada had pretty much the same health system as the United States. With Douglas's leadership and that of Justice Emmett Hall, Mike Pearson, Monique Begin and many others we have created a uniquely Canadian health care system at a time when our two countries have become more similar politically, economically, and culturally. And, Medicare has been good to Canada. Compared with the US we spend much less on health care yet get more services overall. And, everyone in Canada is covered while in the US 50 million have no insurance and tens of millions have such inadequate coverage that over one million Americans declare personal bankruptcy every

year because they can't afford to pay their medical bills. I see the inequity and inequality of the US system every time I visit my wife's family.

In head to head studies Canada's health care quality is as good as or even better than that found south of the border. Medicare dramatically lowers the cost of doing business in Canada and is directly responsible for hundreds of thousands of our country's best jobs being located here instead of another country.

But Medicare does have its problems. We don't wait for emergency care but too many Canadians wait too long for doctor appointments, diagnostic tests, and elective procedures. Some Canadians blame Medicare for these problems and suggest a system based on equity and funded by government is unsustainable. Some say Tommy Douglas might have meant well but he bequeathed us a system which doesn't work. But these waits and delays and other quality problems have nothing to do with the solid values that underlie our system. In fact, Medicare's problems result from our failure to fully implement Douglas's vision.

In 1982, Douglas told a meeting in Montreal, “Removing the financial barriers between the provider of health care and the recipient is a minor matter, a matter of law, a matter of taxation. The real problem is how to reorganize the health delivery system. We have a health delivery system that is lamentably out of date.”

In 1979, Douglas asserted in a meeting in Ottawa, “I am concerned about Medicare – not its fundamental principles- but with the problems we knew would arise. Those of us who talked about Medicare back in the 1940’s, the 1950’s and the 1960’s kept reminding the public there were two phases to Medicare. The first was to remove the financial barrier between those who provide health care services and those who need them.”

He went on to say “The phase number two would be the much more difficult one and that was to alter our delivery system to reduce costs and put an emphasis on preventative medicine.... Canadians can be proud of Medicare, but what we have to apply ourselves to now is that we have not yet grappled seriously with the second phase.”

Douglas's criticism is as modern as the quality revolution in health care. We could prevent 80% of cases of adult onset diabetes, heart disease, and chronic lung disease with healthier public policies – but we don't. Once someone has diabetes we could prevent most complications – but we don't. Once someone has heart failure we could prevent most hospital admissions – but we don't. In Douglas's vision for the Second Stage of Medicare we empower patients and families to be active participants in their own care. We purge ourselves of our professional prejudices which block our creative juices and prevent us from seeing the solutions to Medicare's problems.

Canadians deserve to see one of their regular primary health care providers the same day they call for an appointment. They deserve to get elective specialty care within one week and elective surgery within two months. And, they deserve to be treated the way you would want your parents treated.

Tommy Douglas was born in Scotland, but grew up in Winnipeg. As a young boy he developed osteomyelitis, a serious bone infection in his leg and his doctors told him that he had to have his leg amputated. But, at the last moment, Dr. Robert Smith, a prominent Winnipeg surgeon, volunteered his expert services if Tommy agreed to be a teaching patient. These events

left Douglas with the view that if he hadn't been considered an "interesting case," he would have lost his leg. As he later said, "I felt that no boy should have to depend either for his leg or his life upon the ability of his parents to raise enough money to bring a first-class surgeon to his bedside." He vowed that no Canadian family should ever have to choose between health care and impoverishment. Then he spent the rest of his life achieving his goal.

As the class of 2010 goes out into the world, I have two suggestions to you and the medical school. First, as far as I know there is no memorial to celebrate Douglas's hospital stay where he first developed his passion for Medicare. This historical omission should be corrected. Falkirk Scotland, Brandon, Weyburn, and Regina can all lay claims to Douglas. But Tommy spent much of his boyhood in Winnipeg first coming to the city when he was six years old, exactly 100 years ago. He developed his passion for Medicare here. He witnessed the bloody climax of the 1919 Winnipeg general strike from a Main Street rooftop. Let's rightfully lay claim to his memory.

My second suggestion is really an exhortation. Douglas never did live to see the second stage of his beloved Medicare. Like Moses, he glimpsed the promised land but did live to enter it. I encourage you, the class of 2010, to

complete Tommy's work and implement Medicare's second stage. Let us reaffirm his vision of social justice and let us finally re-organize the health care delivery system so it is easier for doctors and other caregivers to provide the excellent care all Canadians deserve.

Thank you again to the faculty of medicine and the university for honoring me today. I am thrilled to have my work recognized by my Alma Mater. In closing let me offer the class of 2010 one more piece of advice from Tommy Douglas, paraphrasing Alfred Lord Tennyson:

“'Tis not too late to make a better world.”

I wish the graduates every success in making our planet a healthier place for all.